

CALIFORNIA TRAINING PROVIDER SURVEY

This information is used on California's LaborMarketInfo Web site for "Training Providers and Programs"
www.labormarketinfo.edd.ca.gov/cgi/databrowsing/traProvidersSelection.asp?menuChoice=traProviders

TRAINING PROVIDER PROFILE:

School Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ Extension: _____ Fax: (____) _____

Internet Address: _____

Contact Person: _____

SCHOOL TYPE (select **ONE** only):

- ☐ Apprenticeship Program
- ☐ Aviation and Flight School
- ☐ Four-Year College or University
- ☐ Hospital or Health Program
- ☐ Law Enforcement Academy
- ☐ Other Education and Training Institution
- ☐ Private Business and Technical School
- ☐ Public Adult School with Occupational Programs
- ☐ Secondary School
- ☐ Two-Year, Technical, and Community College
- ☐ WIA Provider
- ☐ Other _____

INSTITUTION STATUS (select **ONE** only):

- ☐ Private for Profit
- ☐ Private Non-Profit
- ☐ Public

Please continue to "Training Programs Offered" on next page.

If you have any questions, please contact (916) 262-2162.
Fax this completed document to (916) 262-2352.

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TRAINING PROGRAMS OFFERED (list ALL programs that your school offers):

Please refer to the on-line Classification of Instructional Programs (CIP) manual for program names and CIP codes at: nces.ed.gov/pubs2002/cip2000/cipsearch.asp

Program Title (not individual classes)	CIP Code	Degree Offered Choose from the following: Associate, Bachelor, Certificate, Doctor, Master, Secondary

Use additional pages if needed.

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